# TABOR ACADEMY HEALTH CENTER IMMUNIZATION CONSENT/WAIVER – Bali SERVICE TRIP 2017

Student Name:

DOB:

# Please initial the option you would like to choose for your child, sign, and date.

**HEPATITIS A VACCINATION:**

I would like my son/daughter to receive the Hepatitis A vaccine through the Tabor Academy Health Center.

I will be taking my son/daughter to the Primary Care Provider to receive his/her Hepatitis A vaccine.

My son/daughter has already received the Hepatitis A vaccine. Please provide a copy of your child’s Hepatitis A vaccine record to the Tabor Academy Health Center if you have not already done so.

I do not want my child to have the Hepatitis A vaccine. I understand the risks of exposure and will not hold Tabor liable should my child contract this illness during the service trip to Cambodia.

Parent/ Guardian Printed Name Parent/Guardian Signature Date

# TYPHOID VACCINATION:

I would like my son/daughter to receive the Typhoid vaccine through the Tabor Academy Health Center. I realize that I will be billed for the cost of the vaccine.

I will be taking my son/daughter to the Primary Care Provider or to a Travel clinic to receive his/her Typhoid vaccine.

My son/daughter has already received the Typhoid vaccine. Please provide a copy of your child’s Typhoid vaccine record to the Tabor Academy Health Center if you have not already done so.

I do not want my child to have the Typhoid vaccine. I understand the risks of exposure and will not hold Tabor liable should my child contract this illness during the service trip to Cambodia.

Parent/ Guardian Printed Name Parent/Guardian Signature Date